FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING _ CRF-000872 07/14/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3912 FIRST STREET SW THELMA HAMMOND WASHINGTON, DC 20032

| | ***** | Shing Tolk, DC | 2002 | |
|--------------------------|---|------------------------------------|--|--------------------------|
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| D 000 | Initial Comments | D 000 | | |
| | A licensure survey was initiated on July 2, 200 The findings of the survey was based an observation of the community residential facili interview with the administrative staff, as well review of clinical and administrative records we reviewed. At the time of the initial visit, the residents were not in the home. Therefore, observations and interviews were conducted at the residents' Senior Center on July 14, 2009. | ity, as a vere at | GOVERNMENT OF THE DISTRICT OF COLUM DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOC WASHINGTON, D.C. 20002 | N |
| D1292 | 3410.5(c) Administrative Records and Report | s D1292 | | |
| | (c) Disaster plans and procedures; | | | ; |
| | This CONDITION is not met as evidenced by Based on observation and record review, the community residential facility failed to provide disaster plans and procedures. | | | 1 |
| | The findings include: | | May will he ? | from |
| | Interview with the Residential Director and revof the records on July 2, 2009, at approximate 11:30 AM revealed at the time of the survey, tfacility failed to provide evidence of disaster pland procedures. | riew ely he lans | Alan will he ? Aug 30-09 | |
| | 3420.6 Rehabilitation | D2095 | | |
| | The Residence Director shall assist each reside in obtaining rehabilitation services from qualification therapists, including but not limited to physical occupational, and speech and hearing therapists as the resident may need, at the resident's own expense, if the resident is able to pay, or under Titles XVIII and XIX of the Social Security Act, at the expense of any other public or private por agency. | ed I, sts, vn er or | | |

Health Regulation Administration

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING _ CRF-000872 07/14/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 3912 FIRST STREET SW THELMA HAMMOND WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D3000 Continued From page 2 D3000 On July 2, 2009, observation of the environment and interview with the Residential Director Stems @ 12345
With he Lapair
Are Clear day
awg 30-09 verified the following deficiencies: 1. The carpet located in the dining room and the living room was soiled. 2. The sink in the basement was not hooked to any water outlets and was inoperable. 3. The Kitchen ceiling light was blinking on and 4. The bathroom fixture used by the residents was loose. 5. The dining room chairs were soiled. At the time of the survey, the facility failed to maintain the home in a safe and attractive manner.

FORM APPROVED Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING 07/14/2009 CRF-000872 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3912 FIRST STREET SW THELMA HAMMOND WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D2095 Continued From page 1 D2095 This CONDITION is not met as evidenced by: (CRF) failed to obtain services from a audiologist for one of the two residents (Resident #1) included in the sample. The finding includes: On July 14, 2009, beginning at 12:37 PM, Resident #1 was observed at his Senior Center. An interview was conducted with the resident to ascertain information regarding his habilitation, medical background, family and recreational services and any concerns that he might have.

The findings include: Health Regulation Administration

STATE FORM

During the interview, Resident #1 was observed to have difficulty hearing the surveyor. He was observed to lean forward indicating that he did not hear what was being asked of him. The surveyor throughout the interview attempted to speak louder in order that the resident heard what was being said. It should be noted that the facility's Residential Director was aware of the client's hearing disability, however, at the time of the survey, the CRF failed to obtain services for Resident #1 to be assessed by an audiologist.

D3000 3421.1 Housekeeping and Laundry Services

objectionable odors.

and attractive manner.

The interior and exterior of each community residence facility shall be maintained in a safe, clean, orderly, attractive, and sanitary manner free from accumulations of dirt, rubbish, and

This CONDITION is not met as evidenced by: Based on observation and interview, the community residential facility failed to maintain the interior of the facility in a safe, clean, orderly,

P4GQ11

D3000